

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90144 016 ***150.00

DOCUMENT # H44816

1. Entity Name
HUTCHINGS TECHNOLOGY, INC.



Principal Place of Business
**1020 N.W. 62ND ST
HANGAR 12
FORT LAUDERDALE FL 33309
US**

Mailing Address
**1020 N.W. 62ND ST
HANGAR 12
FORT LAUDERDALE FL 33309
US**



2. Principal Place of Business
6101 N.W. 10TH TERRACE
Suite, Apt. #, etc.

3. Mailing Address
6101 N.W. 10TH TERRACE
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
FORT LAUDERDALE, FL.

City & State
FORT LAUDERDALE, FL.

4. FEI Number
59-2500476

Applied For
Not Applicable

Zip Country
33309 U.S.A.

Zip Country
33309 U.S.A.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PATTERSON, RICHARD B
1020 N.W. 62ND ST
HANGAR 12
FORT LAUDERDALE FL 33309**

7. Name and Address of New Registered Agent

Name
PATTERSON, RICHARD B.
Street Address (P.O. Box Number is Not Acceptable)
6101 N.W. 10TH TERRACE
City
FORT LAUDERDALE FL Zip Code
33309

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Richard B. Patterson V.P.** DATE **4/1/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO HUTCHINGS, JAMES 1020 N.W. 62ND ST HANGAR 12 FORT LAUDERDALE FL 33309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PATTERSON, RICHARD B 1020 N.W. 62ND ST HANGAR 12 FORT LAUDERDALE FL 33309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUTCHINGS, RONALD J 1020 N.W. 62ND ST HANGAR 12 FORT LAUDERDALE FL 33309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HUTCHINGS, BARBARA J 1020 N.W. 62ND ST HANGAR 12 FORT LAUDERDALE FL 33309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO HUTCHINGS, JAMES L. 6101 N.W. 10TH TERRACE FORT LAUDERDALE, FL. 33309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. PATTERSON, RICHARD B. 6101 N.W. 10TH TERRACE FORT LAUDERDALE, FL 33309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D. HUTCHINGS, RONALD J. 6101 N.W. 10TH TERRACE FORT LAUDERDALE, FL 33309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S. HUTCHINGS, BARBARA J. 6101 N.W. 10TH TERRACE FORT LAUDERDALE, FL 33309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Richard B. Patterson V.P.** DATE **4/1/03** DAYTIME PHONE # **954-958-9866**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)